



MEDICAL BOARD OF CALIFORNIA
 BOARD OF PODIATRIC MEDICINE
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 SACRAMENTO, CA 95825-3229
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INACTIVE STATUS LICENSE RENEWAL APPLICATION

Please type or print clearly.

Name: _____

Date of Birth: _____

Address: _____

License #: _____

Phone Number: _____

Expiration Date: _____

I hereby request that my California podiatric license be placed on inactive status commencing _____

Please briefly explain the reason why you are requesting inactive status:

I understand that I cannot engage in any aspect of the practice of podiatric medicine in California and may not write prescriptions.

 Signature of Podiatrist

 Date

INFORMATION

Important: A podiatrist who holds an inactive license may not engage in the practice of podiatric medicine in the State of California.

Inactive and active licenses are both renewed biennially on one's birthdate, and **the renewal fee is the same.**

A podiatrist who holds an inactive license need not comply with continuing competence requirements in order to renew his/her inactive license.

To restore an inactive license to active status, the podiatrist must complete the 50 hours of approved continuing medical education and one of the continuing competence requirements **within the two years prior to filing** an application for restoration.

PLEASE SIGN AND RETURN THE COMPLETED APPLICATION TO THE ADDRESS LISTED ABOVE